ECEIVE

NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS) Please read the instruction before completing. Attach additional sheets if necessary.

JAN 12 2010

COMMISSION **ON ETHICS**

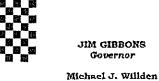
| PERSONAL INFORMATION: | | | | | • | | | |
|--|--|---------------------------------|------------------------------|--|---|-------------------------------|--|--|
| NAME: Patricia L. Merrifield | | LENGTH OF RES | SIDENCE IN NE | VADA: / | 9.5 yr | 3. | | |
| ADDRESS: 2076 Dover Ridge Ct. | | | | | , | | | |
| CITY, STATE, ZIP: Henderson, NV 8902 | 4 | LENGTH OF RES WHERE REGIST | | | leyra. | | | |
| TELEPHONE: 702 897-5553 | | E-MAIL: progrifield@dcfs.nv.gov | | | | | | |
| SECTION A (Public Office): List all public offices for which this and check each box accordingly i.e. annual, candidate or appo | financial d intment filir | , isclosure stater | nent is require | | | | | |
| Title of Public Office and Name of Government | Elected, appointed or appointed to elected | Annual Compensation | Date elected co appointed | ANNUAL NRS 281A,6CO.1 & 281A,610.1 | CANDIDATE NRS 281A.610.1(a). | APPOINTMENT NRS 281A 600.1 | | |
| | 1 | | | Check tho | appropriate | boxes below | | |
| Deputy Administrator, Division of Child & | A | 97,033 | | Х | | | | |
| Family Services, State of News | | | | | | | | |
| SECTION B (Sources of Income): List each source of your income in the second source of your household who is 18 years of age or older. | ome (in add . NRS281A | lition to any sou 620.1(b). | rce listed in S | | He | ousehold Member | | |
| US Military Retirement | | | | *** | OUVER | V V | | |
| Clark Co School District | - | | | | | × | | |
| USAB Federal Savings Bank Money Market Account | | | | | | X | | |
| SECTION C (Real Property): List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or nore; and (3) located in this state or an adjacent state. NRS 281A.620.1(c). Specific Location Particular Use | | | | | | | | |
| None | | | | | | | | |
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|---|--|------------|---|---------------------------------------|
| Name of Public Officer: | | | | |
| SECTION D (Creditors): List each credit debt secured by mortgage or deed of tretained by seller. NRS 281A.620.1(d). | itor to whom you or a member of your household owes \$5,00 ust on your personal residence; and (2) debt on a motor veh | 00 or more | ersonal L Self | PT: (1) JSE Household Member |
| | | | 1 | oxes |
| USAA Federal Savings | Book, mortgage on vacation prope | rty | X | <u> </u> |
| | | | <u> </u> | |
| you within the third degree of consangu | of donor and value of each gift if all gifts received are in excoreceding taxable year [EXCEPT: (1) a gift received from a poinity or affinity; and (2) ceremonial gifts received for a birthdal occasion if the donor does not have a substantial interest in 281A.620.1(e). | erson wh | o is relat | ed to |
| None | | \$ | , r r r r r r r r r r r r r r r r r r r | O 1 |
| | | S | | |
| | | \$ | | |
| | | \$ | • | |
| you or a member of your household is in | ch business entity (i.e., organization or enterprise operated for irm, business, trust joint venture, syndicate, corporation or as a volved as a trustee, beneficiary of a trust, director, officer, overlass of stock or security representing 1% or more of the total NRS 281A.620.1(f). | ssociation | n) with w hole or i ading sto | hich |
| | | | | appropriate kea |
| None | | | | l l |
| | | | | |
| | | | | |
| HE INFORMATION I MAVE BROWNED | HEDEIN IC ACCUPATE AND COLUMN | | | |
| THE INTOKNIATION I HAVE PROVIDED | HEREIN IS ACCURATE AND COMPLETE. | | | |
| ale: | Signature: Ontuce a I Mera fre | LO | | |
| MILEDE TO THE | Print Name: Patricial Merrifield | 1 | | |
| WHERE TO FILE: | | | | |
| APPOINTED PUBLIC OFFICERS SUBMIT TO: | ELECTED PUBLIC OFFICERS OR CANDIDATES SUBMIT TO: | | | |
| Nevada Commission on Ethics | Nevada Secretary of State, Elections Division | | | |
| 3476 Executive Pointe Way, Suite 10 Carson City, Nevada 89706 | 101 North Carson Street, Suite 3 Carson City, Nevada 89701 | | | |

101 North Carson Street, Suite 3 Carson City, Nevada 89701 775.684.5705 • 775.684.5718 fax

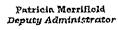
775.687.5469 • 775.687.1279 fax

Director



JIM GIBBONS STATE OF NEVADA







DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF CHILD AND FAMILY SERVICES

REGEIVE D

6171 West Charleston Boulevard, Building 8 Las Vegas, Nevada 89146-1126 (702) 486-6120

COMMISSION ON ETHICS

FAX TRANSMITTAL SHEET

| то: <u>Nevada Commission on</u> Ethlcs | FAX: 775/ (087-1279 |
|---|---|
| FROM: <u>Patty Merrifield</u> | FAX: (702) 486-6090 |
| DATE: 1/12/10 | TOTAL NUMBER OF PAGES: 3 (including cover sheet) |
| SUBJECT: <u>DV Financial Dis</u> | closure Statement |
| , | |
| MESSAGE: | |
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| THIS DOCUMENT IS CONSIDERED (| CONFIDENTIAL AND IS INTENDED |
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